

Health Activity Certification or Hoisting Engineer Qualification Request Form

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U.S. Department of Labor Mine Safety and Health Administration



Item 7.
Certifications

Item 8.
Hoisting

Item 3. Social Security Number		Item 5. Name (Last, First, Middle Initial)		Item 6. Address if cards are to be sent to miner		Surface	Underground Only			Hoisting Only	
						Foreman	Foreman	Assistant Foreman	Pre-Shift Examiner	Underground	Surface
4.	<div> <div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>Item 4. Select where the cards are to be sent</div> <div> <input type="checkbox"/> Mine Address <input type="checkbox"/> Contractor <input type="checkbox"/> Company Address <input type="checkbox"/> Miner Address </div> </div> </div>	<div>Last</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>									

First

MI

I certify that the persons listed are qualified to operate the type of hoist shown above, at a coal mine, that they had at least one year experience associated with this type of hoisting equipment and successfully operated a hoist at a mine for a period of six months immediately preceding this application.

False certification is punishable under section 110(a) and (f) of the Federal Mine Safety and Health Act (PL 91-173 as amended by PL 95-164).

Return to:
MSHA Qualification & Certification
P.O. Box 25367
Denver, CO 80225

I certify that the information in this application is correct and that each person listed has had at least two years experience at a coal mine or equivalent experience and meets all applicable requirements of sections 75.100 and 77.100.

False certification is punishable under section 110(a) and (f) of the Federal Mine Safety and Health Act (PL 91-173 as amended by PL 95-164).

Item 9. Type of Hoist: Electrical _____
Steam _____ or Both _____

Item 10. Signature for Hoisting Qualification Request
(Not valid unless signed)

Title

Item 11. Date

Item 12. Signature for Activity Certification Request
(Not valid unless signed)

Title

Item 13. Date